STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155029	A. BUILDING 00 B. WING	08/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY NURSING AND REHABILITATION CENTER	5600 E 16TH ST INDIANAPOLIS, IN 46218

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F0000	This visit was for the Investigation of Complaint IN00093656. Complaint number IN00093656: Substantiated, Federal/State deficiencies related to the allegations are cited at F502 and F503 Survey dates: July 31, August 1, 2 and 4, 2011 Facility number: 000012 Provider number: 155029 AIM number: 100274900 Survey team: Vanda Phelps, R.N. Census bed type: 97 SNF/NF 97 Total Census payor type: 12 Medicare 74 Medicaid 11 Other 97 Total Sample: 4 These deficiencies also reflect state findings cited in accordance with 410 IAC	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	16.2. Quality review completed 8/9/11 Cathy Emswiller RN			

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F0502 SS=D	483.75(j)(1) PROVIDE/OBTAIN LABORATORY SVC-QUALITY/TIMELY The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. Based on record review and interviews, the facility failed to assure stat (needed immediately) laboratory specimens would be obtained and processed in a timely fashion . This impacted 1 of 1 residents with a stat order in the total sample of 4. (Resident B) Findings include: Resident B's closed clinical record was reviewed on 8/1/11 at 2:30 pm. It indicated he had a three day admission at the facility, admitted 7/12/11 p.m. and discharged to the emergency room on 7/15/11 around 6 p.m. (an exact time was not documented). His diagnoses included, but were not limited to, advanced cirrhosis of the liver with ascites and anasarca. He also had hepatitis C. [Ascites is an accumulation of fluid within the peritoneal/abdominal cavity which often accompanies chronic liver disease, such as cirrhosis. Anasarca is severe, generalized and massive edema usually associated with liver or heart failure or kidney disease.]	F0502	**F502 The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?** If a physician determines that a resident requires laboratory specimen to be obtained immediately, the resident will be sent to the emergency room, unless laboratory services are in the facility and can perform the necessary labs. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** All residents who require laboratory specimen to be obtained have the potential to be affected by this alleged deficient practice. Staff Development Coordinator will educate nurses on sending a resident to the emergency room if a physician determines a laboratory specimen needs to be obtained immediately. Nursing staff will complete a pre-test and post-test.	08/26/2011

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	Review of the nursing notes of July 12-15, 2011 indicated Resident B was alert and oriented in 3 of 3 spheres and able to ambulate, eat and communicate until 12:30 p.m. on July 15th. At that time, LPN #1 documented he was "very drowsy, will respond to call but will not stay awake. T-97.7, 77, 20, 97/63, O2 (oxygen) Sat (saturation) 99%. Called N (nurse) Practitioner to report resident status." The Nurse Practitioner responded with an order written at 1:20 p.m. for diagnostic tests (comprehensive metabolic panel, complete blood count, urinalysis with culture and sensitivity and ammonia level) to be done "stat" due to "decreased level of consciousness." Stat means immediately. The next nursing note was on 7/15/11 at 5:25 p.m. by the second shift nurse. It indicated the family had visited and wanted the resident to be sent to the hospital. No laboratory reports correlating with the above stat order were located within the clinical record as of this review. Interview with the Director of Nursing on 8/2/11 at 11:45 a.m. indicated the lab had not arrived to draw the blood sample before Resident B went to the hospital.		**What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?** CQI will be completed by Unit Managers on residents requiring laboratory services and then reviewed by Assistant Director of Nursing and Director of Nursing with appropriate corrective action taken based on errors identified. This CQI will be completed reviewed once weekly x 4, biweekly x 2, and then quarterly thereafter. All new physician orders will be reviewed the following day by the Interdisciplinary Team every Monday through Friday and on weekends by designated nursing supervisor to ensure compliance. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?** The Unit Managers will complete the Lab CQI and it will be reviewed monthly x 6 by the CQI Committee including Medical Director, Executive Director, and Director of Nursing. If issues are addressed by the CQI Committee, an action plan will be put into place immediately	

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	He indicated when their lab is notified of a stat lab order, they come sometime within four hours. In this case, the order was recorded at 1:20 p.m. and the resident left the facility around 6 p.m., which was four hours and forty minutes later, and the lab phlebotomist had not yet arrived. The Director of Nursing indicated the lab is located in north Indianapolis and it seems to depend on how close their field staff are located to the facility when the order is received as to how soon the blood is drawn. The Director of Nursing indicated there was no definite arrangement made with the laboratory regarding time frames for stat lab orders. Review of the current contract with the laboratory on 8/4/11 at 11:50 a.m. indicated it did not specifically address the subject of orders for stat laboratory tests. This federal tag relates to complaint number IN00093656. 3.1-49(a)			

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F0503 SS=D	483.75(j)(1)(i-iv) LAB SVCS - FAC PROVIDED, REFERRED, AGREEMENT If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter. If the facility provides blood bank and transfusion services, it must meet the applicable requirements for laboratories specified in Part 493 of this chapter. If the laboratory chooses to refer specimens for testing to another laboratory, the referral laboratory must be certified in the appropriate specialties and subspecialties of services in accordance with the requirements of part 493 of this chapter. If the facility does not provide laboratory services on site, it must have an agreement to obtain these services from a laboratory that meets the applicable requirements of part 493 of this chapter. Based on record review and interviews, the facility failed to develop a definitive agreement with their laboratory service regarding the time frame in which stat (needed immediately) laboratory specimens would be obtained and processed. This impacted 1 of 1 residents with a stat order in the total sample of 4. (Resident B) Findings include: Resident B's closed clinical record was reviewed on 8/1/11 at 2:30 pm. It	F0503	**F503 If the facility provides its own laboratory services, the series must meet the applicable requirements for laboratories specified in part 493 of this chapter. If the facility provides blood bank and transfusion series, it must meet the applicable requirements for laboratories specified in Part 493 of this chapter. If the laboratory chooses to refer specimens for testing to another laboratory, the referral laboratory must be certified in the appropriate**	08/26/2011

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	indicated he had a three day admission at the facility, admitted 7/12/11 p.m. and discharged to the emergency room on 7/15/11 around 6 p.m. (an exact time was not documented). His diagnoses included, but were not limited to, advanced cirrhosis of the liver with ascites and anasarca. He also had hepatitis C. [Ascites is an accumulation of fluid within the peritoneal/abdominal cavity which often accompanies chronic liver disease, such as cirrhosis. Anasarca is severe, generalized and massive edema usually associated with liver or heart failure or kidney disease.] He was admitted from the hospital and back to the hospital. Review of the nursing notes of July 12-15, 2011 indicated Resident B was alert and oriented in 3 of 3 spheres and able to ambulate, eat and communicate until 12:30 p.m. on July 15th. At that time, LPN #1 documented he was "very drowsy, will respond to call but will not stay awake. T-97.7, 77, 20, 97/63, O2 (oxygen) Sat (saturation) 99%. Called N (nurse) Practitioner to report resident status." The Nurse Practitioner responded with an order written at 1:20 p.m. for diagnostic tests (comprehensive metabolic panel, complete blood count, urinalysis with		**specialties and subspecialties of services in accordance with the requirements of part 493 of this chapter. If the facility does not provide laboratory services on site, it must have an agreement to obtain these services from a laboratory that meets the applicable requirements of part in 493 of this chapter. What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?** The facility will obtain a definitive agreement with the laboratory services regarding the time frame in which a laboratory specimen will be obtained and processed. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** All residents who have a laboratory order have the potential to be affected by this alleged deficient practice. Staff Development Coordinator or designee will educate nursing staff on new agreement. Executive Director will obtain an agreement with the laboratory service used regarding the time frame in which a laboratory specimen will be obtained and processed. **What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not**	

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	culture and sensitivity and ammonia level) to be done "stat" due to "decreased level of consciousness." Stat means immediately. The next nursing note was on 7/15/11 at 5:25 p.m. by the second shift nurse. It indicated the family had visited and wanted the resident to be sent to the hospital. No laboratory reports correlating with the above stat order were located within the clinical record as of this review. Interview with the Director of Nursing on 8/2/11 at 11:45 a.m. indicated the lab had not arrived to draw the blood sample before Resident B went to the hospital. He indicated when their lab is notified of a stat lab order, they come sometime within four hours. In this case, the order was recorded at 1:20 p.m. and the resident left the facility around 6 p.m., which was four hours and forty minutes later, and the lab phlebotomist had not yet arrived. The Director of Nursing indicated the lab is located in north Indianapolis and it seems to depend on how close their field staff are located to the facility when the order is received as to how soon the blood is drawn. The Director of Nursing indicated there was no definite arrangement made with the laboratory regarding time frames for stat lab orders.		**recur?** The facility will obtain a definitive agreement with the laboratory service regarding the time frame in which a laboratory specimen will be obtained. If the laboratory service has not arrived to the facility within 30 minutes of the latest possible time the agreement says they will arrive, the nurse will contact the Director of Business Development immediately. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?** The Lab CQI will be reviewed monthly by the CQI Committee. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee.	

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	Review of the current contract with the laboratory on 8/4/11 at 11:50 a.m. indicated it did not specifically address the subject of orders for stat laboratory tests; therefore, a time frame had not been established. This federal tag relates to complaint number IN00093656. 3.1-49(a)			